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PATENT
Attorney Docket No.: 016866-005710

Mail Stop Amendment
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

On 12-22-05

TOWNSEND and TOWNSEND and CREW LLP

By: Karen Karlin

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

William E. Rich

Application No.: 10/076,967

Filed: February 15, 2002

For: METHOD FOR CORRELATING
GENE EXPRESSION PROFILES WITH
PROTEIN EXPRESSION PROFILES

Customer No.: 20350

Confirmation No. 1477

Examiner: Lori A. Clow

Technology Center/Art Unit: 1631

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

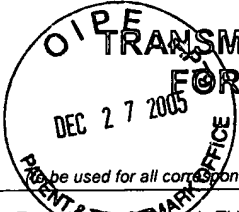
Sir:

In response to the Office Action mailed September 22, 2005, please enter the following amendments and remarks.

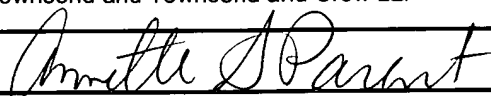
Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.


Remarks/Arguments begin on page 7 of this paper.

(FV)

 <p>(To be used for all correspondence after initial filing)</p>	Application Number	10/076,967
	Filing Date	February 15, 2002
	First Named Inventor	Rich, William E.
	Art Unit	1631
	Examiner Name	Lori A. Clow
	Attorney Docket Number	016866-005710US
Total Number of Pages in This Submission		

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
<input type="checkbox"/> Remarks _____ The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Annette S. Parent		
Date	December 22, 2005	Reg. No.	42,058

CERTIFICATE OF MAILING			
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Signature			
Typed or printed name	Karen Karlin	Date	December 22, 2005